

<p>I.P.E.</p> <p><i>KS</i> <i>Chen 4</i> <i>or</i> <i>Am</i></p>	<p>PATENT DATE</p>
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
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1. The term of this patent shall extend to _____ (date) from the date of allowance.	DRAWINGS Sheets Draw. Figs. Draw. Print Fig.		CLAIMS ALLOWED Total Claims Print Claim for O.G.	
	_____ (Assistant Examiner) (Date)		NOTICE OF ALLOWANCE MAILED 	
<input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent, No. _____	_____ (Primary Examiner) (Date)		ISSUE FEE Amount Due Date Paid	
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